Please type a plus sign (+) inside this box \Rightarrow \Bigg 🛨

PTO/SB/05 (4/98)

Please type a plus sign (+) inside this box

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 367.38905X00 First Inventor or Application Identifier Jesper ANDERSEN

See 1 in Addendum

§ 1.53(b)) Express Mail Label No.

APPLICATION ELEMENT See MPEP chapter 600 concerning utility paten		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
1. X *Fee Transmittal Form (e.g., (Submit an original and a duplicate in Specification (preferred arrangement set forth belied - Descriptive title of the Invention - Cross References to Related - Statement Regarding Fed specification - Reference to Microfiche Apperature - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawing - Detailed Description - Claim(s) - Abstract of the Disclosure - Abstract of the Disclosure - Abstract of the Disclosure - Drawing(s) (35 U.S.C. 113) [4. Oath or Declaration - Copy from a prior applied (for continuation/divisional in Copy from a prior applied (for continuation/divisional in Copy from a prior applied (For Continuation In Copy from a prior applied in A PRIOR APPLICATION of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information: Examine For CONTINUATION or DIVISIONAL APPS of Continuation Divisional Prior application information Divisional Prior application Information Divisional Prior application Information Divisional Prior applica	PTO/SB/17) for fee processing) [Total Pages 14] Applications Insored R & D Indix In a process of the proces	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior application Status still proper and desired (if foreign priority is claimed) 15. X Other: FIGS. 1-12 CREDIT CARD PAYMENT FORM
reference. The incorporation can only be re	17. CORRESPONDE	nas been inadvertently omitted from the submitted application parts.
X Customer Number or Bar Code Labe I	0204 (Insert Customer No. or Atta	or Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type) Carl J. Brundid	ge	Registration No. (Attorney/Agent) 29,621
Signature		Date 8-23-00

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.





PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Un

dor the Panerwork Reduction Act of 1995	no persons are required to re	espond to a collection of info	mation unless it displays a valid OMB control number.	
		Complete if Known		
		Application Number		
		Filino Date	August 23, 2000	<u> </u>
for FY 2000 Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity stateme otherwise large entity fees must be paid. See Forms PTO/SB/09-1	nnual revision.	1 1100 110111111	Jesper ANDERSEN	_
Small Entity payments must be supported by a small entity statement,		Examiner Name		_
See 37 C.F.R. §§ 1.27	and 1.28.	Group / Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)768.00	Attorney Docket No.	367.38905X00	
				_

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
METHOD OF PATMENT (Cleck one)						
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	Large Entity Small Entity	E . D.:d				
Deposit	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid				
Account 01-2135	105 130 205 65 Surcharge - late filing fee or oath	0.00				
Number U1 2100	127 50 227 25 Surcharge - late provisional filing fee or	0.00				
Deposit Character II D	cover sheet.					
Account Name Antonelli, Terry, Stout&Kraus, LLP	139 130 139 130 Non-English specification	0.00				
Charge Any Additional Fee Required X Under 37 CFR 58 1.16 and 1.17	147 2,520 147 2,520 For filing a request for reexamination	0.00				
X Under 37 CFR §§ 1.16 and 1.17	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00				
2. X Payment Enclosed: Check Money X Other	113 1,840° 113 1,840° Requesting publication of SIR after Examiner action	0.00				
Order E	115 110 215 55 Extension for reply within first month	0.00				
FEE CALCULATION	116 380 216 190 Extension for reply within second month	0.00				
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month	0.00				
Large Entity Small Entity	118 1,360 218 680 Extension for reply within fourth month	0.00				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128 1,850 228 925 Extension for reply within fifth month	0.00				
101 690 201 345 Utility filing fee 690.00	119 300 219 150 Notice of Appeal	0.00				
106 310 206 155 Design filing fee	120 300 220 150 Filing a brief in support of an appeal	0.00				
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing	0.00				
108 690 208 345 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00				
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	0.00				
SUBTOTAL (1) (\$) 690.00	141 1,210 241 605 Petition to revive - unintentional	0.00				
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	0.00				
Fee from Extra Claims below Fee Paid	143 430 243 215 Design issue fee	0.00				
Total Claims 18 -20** = 0 × 18 = 0	144 580 244 290 Plant issue fee	0.00				
Independent 4 - 3** = 1 x 78 = 78	122 130 122 130 Petitions to the Commissioner	0.00				
Multiple Dependent	123 50 123 50 Petitions related to provisional applications	0.00				
**or number previously paid, if greater; For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt	0.00				
Large Entity Small Entity	581 40 581 40 Recording each patent assignment per	0.00				
Code (\$) Code (\$)	property (times number of properties) 146 690 246 345 Filing a submission after final rejection	0.00				
103 18 203 9 Claims in excess of 20	(37 CFR § 1.129(a))	0.00				
102 78 202 39 Independent claims in excess of 3	149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00				
104 260 204 130 Multiple dependent claim, if not paid	exammed (3) OFR 3 1.120(0))					
over original patent	Other fee (specify)	0.00				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	0.00				
SUBTOTAL (2) (\$) 78.00	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) (0.00				
Complete (if applicable)						
SUBMITTED BY Registration No. 20.631 Telephone, 702, 212, 6600						
Name (Print/Type) Carl I. Byundidge	(Addition/Agailly 22 1 4					
Signature	Date 8-23-0	<u> </u>				

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Attachment to PTO/SB/05 (4/98) Utility Patent Application Transmittal

1. COMMUNICATION UNIT WITH PERSONALISING FEATURE